



COLLEGE ASSISTANCE PROGRAM

***Please check the box that applies to the college assistance needed.**

PART TIME (Fall or Spring) - Less than 12 credit hours

Delaware student attending a college/university part time (less than 12 credit hours) for the fall/spring semesters may be awarded this grant.

SUMMER - Summer session only

Delaware student enrolled during the summer semester can qualify to receive assistance from this program.

POST GRADUATE – Master’s and Doctorate Program

Student must be enrolled in a master’s or doctorate program at a college/university. Student must carry at least 3 hours per semester.

REQUIREMENTS

- Must be enrolled with the Delaware Nation.
- Required to maintain a 2.0 GPA.
- The student is responsible for completing and submitting a College Assistance Program application each academic school year (fall/spring/summer).
- The student is responsible for fees and any other college related charges that were accrued prior to being deemed eligible by this program such as:
 - Pre enrollment fees
 - Tuition from a previous term
 - Default loans
- The student is responsible for submitting grades at the end of each semester.
- If student withdraws from class, notification must be made to this office.

REQUIRED DOCUMENTS If you fail to secure the documents listed below your application will be placed on pending status.

- Letter of intent by applicant. *A brief essay stating future plans of applicant and why they need funding.*
- Official transcript from previous semester.
- Copy of official letter of admission from college/university. **Applies to new students only.**
- Copy of class schedule.
- Tuition cost printout from the Financial Aid Office.



PLEASE PRINT

Name _____ Enrollment# _____ Male Female

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Assistance needed for: Fall part-time Spring part-time Summer Semester Graduate School

Classification: Freshmen Sophomore Junior Senior Graduate Doctorate

Name of College _____ Major _____
Address _____

_____ Graduation Date _____

Have you previously received assistance from the College Assistant Program? Yes No

If yes, what was the last year and semester you received the grant? _____

Number of college semesters attended _____ Number of semester hours earned _____

ANTICIPATED EXPENSES

Tuition (please attach tuition cost printout)..... \$ _____
Student Loans..... \$ _____
Books and school supplies..... \$ _____
Other school related fees..... \$ _____

My signature below will indicate that I have agreed to the following conditions for funding. The information contained in my scholarship application contains no falsification and all items are true and correct. I understand that any false statements made herein would result in a voided application. I grant consent to release this information to the necessary agencies in order to complete my financial aid package. I declare that I will use all funds from the Delaware Higher Education Grant Program solely for expenses connected to attending the College/University listed above.

STUDENT SIGNATURE DATE PRINTED NAME



DELAWARE NATION
Summer, Part-Time, Post Graduate Program

P.O. Box 825
 Anadarko, OK 73005
 Phone: (405)247-2448
 Fax: (405)247-5942

Form to completed by School Official

TRAINING COST WORKSHEET

Student Name _____

Name of School _____
 Address _____

Start Date _____

Completion Date _____

Type of training _____ Full Time Part Time

Phone (____) _____ Fax (____) _____

Contact Person _____ Title _____

Total number of training/clock hours to complete training course. _____

Tuition \$ _____

Books \$ _____

Supplies \$ _____
 (Scrubs, shoes, tools etc.)

Fees \$ _____

Other \$ _____

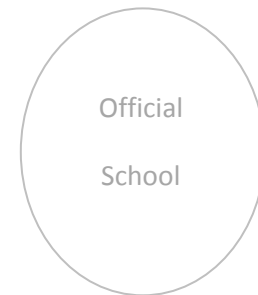
Total program cost \$ _____

Less pell grant \$ _____

Less loans \$ _____

Less funding source \$ _____

Student unmet need \$ _____



 Signature of School Official

Delaware Nation Adult Vocational Program recommended to pay \$ _____